



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) ☒ Check if this is a new name

College Democrats of America Political Action Committee

3. Acronym or Abbreviated Name (if any)

4. Mailing Address (Address where all campaign finance correspondence is received) ☐ Check if this is a new address

5. E-mail Address (Optional)

6. City State ZIP Code 7. FAX (Optional) 8. Telephone 9. Committee Organization Date (MM-DD-YY)

10. Is this committee registered with the Federal Election Commission? ☐ Yes ☐ No 11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? ☐ Yes ☐ No

12. State the purpose of the committee and on which issues the committee expects to focus.

13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.

14. Is this committee supporting a political party's entire ticket? ☐ Yes ☐ No

Check party affiliation if applicable: ☐ Democratic ☐ Libertarian ☐ Republican

☐ Other

15. If supporting or opposing a public question, state both the subject of the question AND the committee position.

16. Chairperson's Name ☐ Check if this is a new chairperson

17. E-mail Address (Optional)

18. Mailing Address ☐ Check if this is a new address

19. Telephone (Day)

20. Telephone (Evening)

21. Treasurer's Name ☐ Check if this is a new treasurer

22. E-mail Address (Optional)

23. Mailing Address ☐ Check if this is a new address

24. Telephone (Day)

25. Telephone (Evening)

26. Custodian of Records' Name ☐ Check if this is a new custodian

27. E-mail Address (Optional)

28. Mailing Address ☐ Check if this is a new address

29. Telephone (Day)

30. Telephone (Evening)

31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.

Person Appointed Treasurer

Signature of the Committee Chairperson

SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

34. Typed or Printed Name of Treasurer

Signature of Treasurer

Date (MM-DD-YY)

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

35. Typed or Printed Name of Chairperson

Signature of Chairperson

Date (MM-DD-YY)

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

Myra A. Eldridge

OCT 30 2015

FILED